

DETERMINANTS OF EXCLUSIVE BREASTFEEDING FOR INFANT 0-3 MONTHS OLD IN BLIMBING GUDO PRIMARY HEALTH CENTER

Niken Grah Prihartanti*

* Department of Midwifery
STIKES Pemkab Jombang, Indonesia
Email: kacanghijau23@yahoo.com

ABSTRACT

Background: Infant mortality rate is a problem in Indonesia. The improvement of breastfeeding practice is one of key factors that gives contribute to lower infant mortality rate. Therefore, we have to decrease infant mortality rate by increasing community's nutritional status using breastfeeding program continuously. This study aimed at identifying major determinants of exclusive breastfeeding practice in Blimbing Gudo, Jombang. **Method:** This study was an analytical study with cross-sectional design in a sample of 58 mothers from May to June 2015. The instrument used for evaluation a questionnaire which have been proven its validity and reliability. Data analysis using chi-square and fisher exact test if it doesn't meet the requirements for chi-square test. **Results:** Most of respondents gave formula to infants at an early age due to the role of midwives as birth attendants are pushing to give formula. Factors examined in this study include maternal attitude, education, occupation, parity, income and infant. Based on the analysis in getting the chi square test, overall factors studied showed that maternal attitudes factor is a major factor in breastfeeding practice, χ^2 value count = 8.929 > χ^2 table; $p = 0.003 < \alpha$ (0.05). **Conclusion:** The major determinants of exclusive breastfeeding practice in Blimbing Gudo, Jombang is maternal attitudes. A positive attitude is owned by someone, especially mothers in breastfeeding becomes a powerful predictor in exclusive breastfeeding.

Keyword: Determinants, Exclusive Breastfeeding

INTRODUCTION

The infant mortality rate can be reduced by the effort to improve the communities nutrition through exclusive breastfeeding (Laksono, 2012). The exclusive breastfeeding given from birth to 6 months and continued until 2 years old as recommended by the World Health Organization (WHO), as known can decrease the incident of malnutrition in infants and young children (UNICEF, 2002). The benefits of breastfeeding for infants include: protect the baby from infection, increase endurance baby, forming a healthy digestive system, and improve intelligence. Based on the review Entwistle, Kendall, (2010) to several studies that breast milk is not only beneficial to the health of the baby, but also for the mother and the country. The benefits for the mother that help to lose weight, helps the uterus return to normal size more quickly and prevent bleeding, prevent breast cancer as well as a natural contraceptive method. The benefits for the country are to get a Human Resources (HR)

quality, foreign exchange savings for the purchase of infant formula, as well as reduce subsidies for sick children and pharmaceuticals.

Various studies have shown the importance of breastfeeding, but the scope of exclusive breastfeeding has not been satisfactory. Exclusive breastfeeding in Indonesia in 2010 in infants 0 months was 39.8%. In infants aged 1 month of 32.5%, infants aged 2 months 30.7% of infants aged 3 months of 25.2%, a baby 4 months by 26% and infants aged 5 months amounted to 15.3% (Risksdas, 2010), The data showed a decline in breastfeeding exclusive with age infants

In East Java, the scope of exclusive breastfeeding in 2012 was 71,87%, while in 2013 decreased to 63,8%. These numbers getting further away from the national target that is 80%. Just as happened in East Java, the scope of exclusive breastfeeding in Jombang was decreased. In 2013, the scope of exclusive breastfeeding in Jombang was 79,42% and in 2014 decreased to 76,91% (Dinkes Kabupaten

Jombang, 2014). The low exclusive breastfeeding can be caused by various factors such as the mother, the baby and the environment. Based on the review Entwisted, Kendall, Mead (2010) to several studies those maternal factors to breastfeeding among other experiences, socioeconomic status, mother's attitude, support of health care provider, as well as self-confidence for breastfeeding mothers.

A breastfeeding mothers need adequate preparation to face the lactation period in order to breastfeed. Therefore, pregnant women need to get enough information about prenatal care, the benefits of breastfeeding, the introduction of appropriate weaning techniques, as well as solutions for working mothers to afford the needs of breastfeeding to her baby. Generally all these things summed up in a lactation program that is run by the government to support exclusive breastfeeding. The government made a series of efforts that must be made on an ongoing basis by all Indonesian people. This government effort embodied in the form of program 10 Steps to Successful Breastfeeding (LMKM). Implementation of 10 Steps to Successful Breastfeeding are 1) make a written policy on breastfeeding and communicated to the staff of the health service; 2) to train all staff in the service of skill implement breastfeeding policy; 3) inform all pregnant women about the benefits and management of breastfeeding; 4) help mothers breastfeeding in the first 60 minutes of labor; 5) helps mothers how to breastfeed and maintain lactation even though the mother is separated from her baby; 6) give only breast milk to newborns unless medically indicated; 7) apply rooming mother with her baby all the time (24 hours); 8) recommends breastfeeding babies on demand; 9) give no pacifier to the baby; 10) encourages the establishment of breastfeeding support groups and refer mothers to them after coming out of the health care facilities (Ministry of Health of Health, 2010).

Public Health Cener (PHC) Blimbing Gudo is one PHC in Jombang that promotes maternal and child health services. With the implementation of the program it is expected to improve the achievement of exclusive breastfeeding in PHC Blimbing Gudo. However, according to a preliminary study conducted by researchers at the working area PHC Blimbing Gudo, the four people who were divided into two groups: 2 midwives and 2 nursing mothers. Results of a preliminary study

in March 2015 researchers at the PHC Blimbing Gudo, 2 midwives informed that there are still women who provide a baby formula if the breastfeeding has not come out or the baby kept crying. Breastfeeding ccounseling becomes into active service has been carried out with the support of breastfeeding rooms and have an attendant lactation counselors who have been trained and taught the techniques of breastfeeding on postpartum mother.

The result of interviews with two nursing mothers informed that the health center has been taught how to breastfeed and inform the family not to give their babies formula. But the mother plans to give formula to their babies for reasons not confident that the breastfeeding will meet the needs of the baby. Another reason given by the nursing mother is time off from work that has been completed so that the mother did not have much time to breastfeed her baby. Therefore, researcher interested in conducting further research on the determinants of exclusive breastfeeding for infant 0-3 months old.

RESEARCH METHOD

This study was an analytic research using cross sectional approach. The data collection on the independent variable is the factors affecting breast-feeding dependent variable is the exclusive breastfeeding in infants aged 0-3 months. Study started from May to June 2015. The population in this research is all mothers with infants aged 0-3 months in PHC Blimbing Gudo with total of 105 mothers. The sample in this study obtained a sample size is 58 mothers. The inclusion crieria in this study were mothers with infants aged 0-3 months; women who have or are breast-feeding; women who birth in health facilities PHC Blimbing Gudo; mother healthy body and mind; mothers who are willing to be a respondents. The exclusion criteria in this study were as follows: mothers whose babies suffered a stillbirth & Mothers who have rejected the respondent.

RESULTS

In this section the respondents practice in breastfeeding research analyzed of age, education, occupation, parity, income and attitude. Variables that do not qualify *chi square*

test, conducted the analysis using fisher *exact* test. The test results can be seen in detail in Table 1

Table 1. Determinants of Exclusive Breastfeeding for Infant 0-3 Months Old at Blimbing Gudo PHC June 2015

Variable	Breastfeeding practice				P value (chi square)
	Non ASI		ASI exclusiv e		
	n	%	n	%	
Mother's age					
< 20 years	2	20,	8	80,	0,287*
20 – 35 years	2	0	2	0	
	1	43,8	7	56,2	
Education					
Low	7	41,	1	58,	0,879
High	1	2	0	8	
	6	39,0	2	61,5	
Occupation					
None/HW	1	38,	1	61,	0,867
Working	0	5	6	5	
	1	40,	1	59,	
	3	6	9	4	
Parity					
> 1 times	1	39,	1	60,	0,956
1 time	1	3	7	7	
	1	40,	1	60,	
	2	0	8	0	
Income					
Low	1	33,	2	66,	0,159
High	3	3	6	7	
	1	52,0	9	47,4	
infant's Age					
1 Month	9	42,	1	57,	0,698
2 Months	8	9	2	1	
3 Months	6	33,	1	66,	
		3	6	7	
		46,2	7	53,8	
Mother's attitude	8	23,	2	76,	0,003
Positif	1	5	6	5	
negative	5	62,5	9	37,5	

* fisher exact test

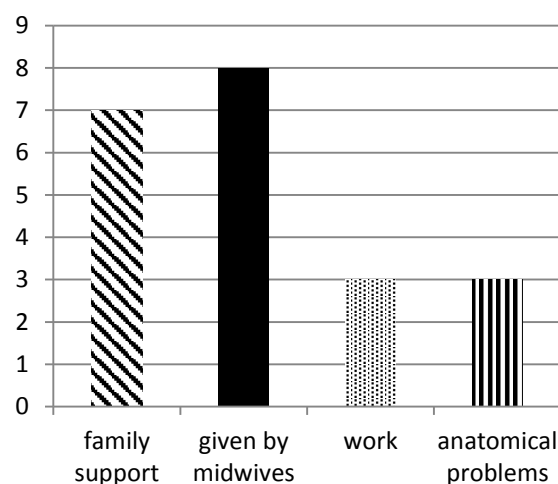


Figure 1. Reason Giving prelacteal drink / food In addition to breast milk in Infants Age 0-3 Months in Blimbing Gudo PHC June 2015

Concluded there was no difference between the practice of exclusive breastfeeding in mothers based on age, education, occupation, parity, income and age of the infant. But when viewed from the aspect of mother's attitude differences were found breastfeeding practices.

Table 2 describes in detail the answers of respondents by item questions the attitude of the mother in breastfeeding infants aged 0-3 months.

Table 1 Frequency Distribution Answer Question Attitude Respondents by Item of Breastfeeding

Statement	strongly disagree		disagree		agree		strongly agree	
	f	%	f	%	f	%	f	%
Formula should be given immediately after birth if the breast milk has not come out.	12	41,4	12	41,4	5	17,2	0	0
Work is not a hindrance to give breast milk to the baby.	2	6,9	12	41,4	15	51,7	0	0
I will give only breast milk until 6 months.	0	0	8	27,6	17	58,6	4	13,8
More often breastfeed, more milk out.	5	17,2	15	51,7	9	31,0	0	0
Breast milk can be pumped and given to babies when their mothers go	1	3,4	22	75,9	6	20,7	0	0
Breast milk is not good to use after a heated first.	0	0	3	10,3	22	75,9	4	13,8
Healthy infants 0-6 months of age should be given formula milk for the nutritional needs of infants.	3	10,3	21	72,4	5	17,2	0	0
Nursing positions will affect milk production is out.	4	13,8	12	41,4	12	41,4	1	3,4
Infant before 6 months of age should not be given solid foods such as bananas, baby food, fruit,.	0	0	13	44,8	13	44,8	3	10,3

In the group of non exclusive subsequently studied type of food or drink given before the baby is 6 months old and explained that the formula milk and honey is the kind of drink other than breast milk given to infants before 6 months of age. A total of 21 of 26 mothers (80.7%) give formula instead of breast milk. The majority of respondents give a prelacteal drink / food in addition to breastfeeding infants at an early age due to the role of midwives as birth attendants are pushing to give formula in meeting the nutritional needs of the newborn.

CONCLUSION

From the research that has been carried out on May 25 - June 25, 2015 in Blimbing Gudo PHC can be summed up as that major determinants of exclusive breastfeeding practice in Blimbing Gudo, Jombang is maternal attitudes. Maternal attitude in exclusive breastfeeding will impact the endocrine system that will affect the child's emotional development. So that children who are not breastfed tend to be more at risk of developing depression and other emotional problems. Attitude can be used to predict the behavior will occur. With such an attitude can be interpreted as a behavioral predisposition to come. A positive attitude is owned by someone, especially mothers in breastfeeding becomes a powerful predictor in exclusive breastfeeding.

A positive attitude to mothers with infant growth and development priority should be applied in the practice of breastfeeding that is expected to improve the health of mothers and children, especially in reducing the infant mortality rate.

Practice Independent Midwives as a means of health services for mothers and children should be able to apply breastfeeding program and set aside the award given by the formula manufacturer. The public especially breastfeed mothers are expected giving more breastfeeding in infants and behavioral changes that changing habits are less precise in the breastfeeding process in a way trying to find information about breastfeeding or breast milk following the Support Group.

REFERENCES

- Departemen Kesehatan RI.2001. Panduan Manajemen Laktasi.Retrieved form <http://www.depkes.go.id/2001/panduan-manajemen-laktasi>.diunduh pada tanggal 03 Maret 2015 pukul 14:15.
- Entwistle,Kendall.2010.*Breastfeeding support-the importance of self efficacy for low income women*.Maternal&Child Nutrition.228-242.

- Kementrian Kesehatan RI.2010.*Strategi Peningkatan Makanan Bayi dan Anak (PMBA)*.Jakarta:KemenKes RI.
- Laksosno, Agung. 2012.*Perbaikan Gizi Kunci Utama Penekanan Angka Kematian Bayi dan Balita*.Retrieved form <http://www.menkokesra.go.id>.diunduh pada tanggal 1 Maret 2015 pukul 13:50.
- Prihartanti,Niken. 2015. Pengaruh Implementasi 10 Langkah Menuju Keberhasilan Menyusui Terhadap Perilaku Pemberian ASI Pada Bayi Usia 0-3 Bulan.tesis.
- Roesli, Utami.2000.*Panduan Praktis Menyusui*. Jakarta:Puspa Swara.
- United Nation Children's Fund (UNICEF).2009.*Baby-friendly ospital initiative revised,updated and expanded for integrated care*.Genewa:UNICEF-WHO
- United Nations Children's Fund (UNICEF).2002.*Fact for life*.New York:Author.
- WHO.2001. *The optimal durations of exclusive breastfeeding*.New York: Nutrition